



Dr. James J. Thomas Scholarship Information

As the Aultman Alliance Community Hospital Auxiliary has done in the past, we are again offering the *Dr. James J. Thomas Scholarship* to four seniors from area high schools. This is a one-time \$1,500, second semester, scholarship for those students interested in pursuing a career in the *healthcare field*.

Application packets may be picked up in the Gift Shop of the hospital, Monday thru Friday 10:00 a.m. to 3:00 p.m., or students can obtain the application packets from their school guidance counselor.

Scholarship recipients are selected by a committee representing the Auxiliary (2), health care professional (1) and the community (1). The committee's selection is made based on points awarded in the following areas:

- Financial Need
- Volunteer Work in any location
- School and Community Involvement
- General Academic Achievement

It is the responsibility of the student to return the application and a transcript of high school grades, including signatures to the Hospital Gift Shop **no later than 4:00 p.m. on March 22, 2019.**

Individuals who are selected as a recipient of a scholarship will be notified, as well as the guidance counselor of the school. An Auxiliary representative will be present at the school's awards program to present the recipients with a congratulatory letter.

If you have any questions concerning this scholarship opportunity, please contact the Public Relations Department at 330-596-7516. We appreciate the opportunity to offer this scholarship to students in our area schools.

Sincerely,

Mary Lou Williams
Auxiliary Scholarship Chairwoman

***Please Mail Applications to:
Aultman Alliance Community Hospital-Gift Shop
Attention: Auxiliary Scholarship Committee
200 E. State St.
Alliance, OH 44601***

Why are you applying for this scholarship? _____

Number of siblings in family (including yourself): _____

Please check the appropriate range for your family income:

_____ Under \$20,000	_____ \$40,000 to \$50,000
_____ \$20,000 to \$30,000	_____ \$50,000 to \$60,000
_____ \$30,000 to \$40,000	_____ \$60,000 to \$70,000
	_____ \$70,000 and above

I fully understand that by accepting a scholarship from the Aultman Alliance Community Hospital Auxiliary, it is my intention to continue my education in a recognized post secondary educational institution, and that I must provide formal enrollment acceptance to the chosen school at time of this application. I also understand this is a non-renewable scholarship and that the scholarship money will not be dispersed to my school of acceptance until I have successfully completed one (1) semester with no less than a 2.5 GPA. Upon completion of one (1) semester, I will provide the Aultman Alliance Community Hospital Auxiliary with verification of the above requirements which will permit the scholarship funds to be dispersed to the chosen school.

Applications along with an official copy of the student's current transcripts are due by Friday, March 22, 2019.
No teacher recommendations are required or necessary.

Applicant's Signature: _____ **Date:** _____

Parent(s)/Guardian(s) Signature: _____